U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended: Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U -	2. Fiscal Year Covered From:			
	1 1 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John Clearwater	Name Chicago Regional Council of Carpenters			
	Labor Organization File Number 001-949			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2271 E. 1st Street	Street 12 East Erie 2 4. 345 200			
City Milan	City Chicago			
State I1-1:nois ZIP Code + 4 61264	State Illinois ZIP Code + 4 60611			
5. Position in labor organization.				
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Contract	On 7/11/05 Telephone Number			
Form LM-30 (2003)	Page 1 of 3			

Name of Person Filing John Clearwater	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name Carpenters Pension Fund of Illinois Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12 East Erie Street City Chicago State Illinois ZIP Code +4 60611	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Reimbursment for meal expenses in connection with Trustee Meeting on 1/21/04, 7/21/04 and 10/20/04 @ \$36.41 per meal.			
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$109 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing John Clearwater	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:	
8. Name and address of Business (including trade name, if any).		
Name Carpenters Welfare Fund of Illinois		
	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
1.0. box, blug., 100/1101, 1101/	c. Employer	
Street 12 East Erie Street	G. Employor	
City Chicago		
State Illinois ZIP Code + 4 60611		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
	Reimbursment for meal expenses in connection with	
Name	Trustee Meeting on 1/21/04, 7/21/04	and 10/20/04 @
Trade Name, if any:	\$3.54 per meal.	
P.O. Box, Bldg., Room No., if any	TAR SECURIT	
Street	7-	Deposition
	- Constitution of the Cons	Anomenous
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$11
	12.a. Nature of interest held or income received.	
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	12.b. Amount.	